

I have found that a man of ordinary intelligence can do all this work for a company if paid a dollar per day and do it several times per year, yet leaving a balance to set off against rent, etc., when the care of arms allowance is received.

I must, if you find space for all I have said, try the patience of any of your readers who take the trouble to wade through it all, but I would like to know if any of them have any objections to the plans shown and if any handier system of keeping the clothing, etc., can be given. Of course a list is kept posted in the room with each man's name and the number of each article so that he can refer to it and when on service I propose to paste inside the flap of knapsack a list for his reference.

The canteens should be stamped with the regimental and company's number, also the pouches marked, and then there need be no bother about them, as they can be at once identified.

All this may seem very childish to some old soldiers, but to us rustics these little things mean a great deal.

RURALIST.

SUGGESTIONS FOR THE ORGANIZATION OF THE ENGLISH VOLUNTEER MEDICAL SERVICE AND FOR THE UTILIZATION OF VOLUNTEER MEDICAL AID IN WAR.

BY SURGEON-MAJOR G. J. H. EVATT, M.D., ARMY MEDICAL STAFF.

(Continued from page 380.)

Again: we could separate the duties of the present divisional staff-surgeon in medical charge of the officers of the divisional staff from the duties of sanitary officer of the division, a most important—nay, most highly important post, but which cannot be properly filled by a man engaged all day in looking after the sick officers, clerks, and numerous odds and ends of a divisional staff. The two duties are dissimilar, hopelessly apart, and it must be difficult to find a man combining both classes of work efficiently. By the officers set free from the introduction of volunteer surgeons we can appoint a special sanitary officer to each division—a very needful reform.

Again: we can give to the divisional principal medical officer that highly important key-stone of the medical aid in a division—a staff-officer and secretary. Everyone agrees he is needed, but a short-handed corps cannot spare the man. Remove a man from the base hospital, put in a volunteer surgeon, and make the removed man secretary. This would be a very great aid to war efficiency. The staff of the surgeon-general of any army corps could also be increased.

There are many other points which could be brought forward showing the utility of the temporary class of volunteer officers we suggest. Why should we not utilize them?

As to cost, let us remember these officers are all to be charged, not to the annual medical estimates, but to the war vote, and in the bill for the war they form a very small item—almost inappreciable. Under this scheme we can provide a volunteer doctor for a campaign at a cost less than a few shots of the 80-ton gun.

Let us then fall back on the civil population. Let us utilize members of the civil profession of medicine; but if we are to do so let us also teach them our specialism, organise their service in peace, and let them come to us knowing their responsibilities, and well prepared for the war work needed of them. In the preceding paragraph I have endeavoured to show how alone this can be done—that is by definite systematic training in peace.

31.—EXTENSION OF THE SAME WAR AID PLAN TO QUARTER-MASTERS AND TO THE RANK AND FILE OF THE VOLUNTEER MEDICAL STAFF CORPS.

No difficulty ought to exist in applying the principles of the previous paragraph to the services of quartermasters, apothecaries, or non-commissioned officers and men of the rank and file of the medical volunteers.

If men choose to come for a campaign, there should be a local list of such men kept at the district head-quarters, and they should undergo an examination as to physical and educational fitness and knowledge of their technical work.

If men do volunteer, place should be found for them in the army field hospital mobilized in their own district, so that they might be amongst friends, and after the war they should be returned home again to their own district. The principle of deferred pay or gratuity could also be applied to them.

32.—FEMALE NURSES IN WAR TIME.

The same principles here laid down apply exactly the same to female nurses. There is no reason whatever why a defined body of volunteer war nurses should not be organized in peace for war, and such nurses could be obtained from our large civil hospitals by carrying into them the principles of a volunteer corps with a war reserve. Lists of names would be kept in the war office of nurses ready to go to war if needed.

33.—CONCLUSION.

Nothing now remains to be said save to explain that this paper is written to endeavour to weld the medical service of the army more and more completely with the civil profession, so that war efficiency may be achieved by conjoint action.

However much at first sight it may seem to be a relinquishment of rights, and a sharing with those not in our own special corps the high privilege of rendering good service to the nation in war, we must conquer such a feeling and stand by this one principle that the interest of the army and the nation are one and identical, and the more completely they are welded together the better it will be for both. Let us learn from the bitter history of the past that an army isolated from the nation, standing up for exclusive privileges, claiming to possess an exclusive knowledge, may so weaken its hold on the nation as to perish in any great struggle with none to help it.

Such a catastrophe fell upon our Crimean army. Forty years of peace, of non-organization of the national forces, of neglect of the militia, of complete disappearance of the volunteers, of entire absence of military training of the manhood of the nation, of isolation of the military class from the people as a whole, left our army to perish on the heights before Sebastopol with not a man in the country trained behind it as a reserve for war.

Of the magnificent battalions who marched past before the Sultan in 1854, 20,000 perished in the Crimean winter, and there was not in England a citizen trained to take their place.

We stand in different conditions to-day. The nation as a whole is being leavened with military knowledge, and defective though our organization may still be in important links, we are infinitely more ready for any great war than ever before, since Waterloo.

The aim of these paragraphs is to urge on the organization of the medical and sanitary and ambulance side of the national army, and no difficulty exists why what we aim at should not be realized.

OFFICERS OF THE NORTH-WEST MOUNTED POLICE.

The following list of officers in the Mounted Police appears in last week's official Gazette.

His Excellency the Governor-General has been pleased to make the following appointment to the North-west Mounted Police force, viz:—

To be Commissioners—Lawrence William Herchmer, Esq., from 1st April, 1886, *vice* Lt.-Col. Acheson Gosford Irvine, resigned.

The following are the present officers of the North-west Mounted Police force, all other commissions being hereby cancelled:—

Commissioner—Lawrence William Herchmer, appointed 1st April, 1886.

Assistant Commissioner—Lief N. Fitzroy Crozier, 1st April, 1885.

Superintendents—William Macaulay Herchmer, 1st Aug., 1876; John Cotton, 1st Jan., 1881; John Henry McIlree, 24th Jan., 1882; Severe Gagnon, 1st Sept., 1883; Robert Burton Deane, 1st April, 1884; Percy Reginald Neale, 1st April, 1884; Samuel Benfield Steele, 1st Aug., 1885; Aylesford Bowen Perry, 1st Aug., 1885; Arthur Henry Griesbach, 15th Sept., 1885; Alexander Roderick Macdonell, 15th Sept., 1885; Edward Worrell Jarvis, 10th April, 1886.

Inspectors—William Denny Antrobus, 1st March, 1876; Francis Norman, 24th Jan., 1882; Joseph Howe, 1st July, 1883; Montague Henry White-Fraser, 1st May, 1884; William Springfield Mildmay Morris, 1st May, 1884; Gilbert Edward Sanders, 1st Sept., 1884; Frederic Drayner, 15th Oct., 1884; John Beresford Allan, 1st Aug., 1885; Zachary Taylor Wood, 1st Aug., 1885; Philip Carteret Hill Primrose, 1st Aug., 1885; Albert Edward Ross Cuthbert, 1st Aug., 1885; Arthur Edward Snyder, 1st Aug., 1885; Henry David Likely, 15th Sept., 1885; William Piercy, 15th Sept., 1885; John Alexander McGibbon, 15th Sept., 1885; Sydney George Mills, 15th Sept., 1885; James Osgoode Wilson, 15th Sept., 1885; Charles François Albert Huot, 15th Sept., 1885; John Douglas Moodie, 15th Sept., 1885; Joseph Victor Bégin, 22nd Oct., 1885; William Alphonso Brooks, 10th Nov., 1885; Cortlandt Starnes, 1st March, 1886; Thos. Wellington Chalmers, 10th April, 1886.

Senior Surgeon—Augustus Jukes, M.D., 24th Jan., 1882.

Assistant Surgeons—Robert Miller, M.D., 25th Oct., 1875; George A. Kennedy, M.D., 1st Oct., 1878; John Widmer Rolph, M.D., 1st Aug., 1885; H. Yarwood Baldwin, M.D., 1st Nov., 1885.